



September 2, 2009

Rainier Commons
Ethan Construction
3317 3rd Ave S. # 200
Seattle, WA 98134

Talked with Steve Gray

Monday 9/21

Sent email

Agreed until June 2010

RE: Natural Gas Service 3100 Airport Way S., Seattle - 29 meters with no usage

Puget Sound Energy received a request from you some time ago to install a natural gas service to the above noted address. PSE completed installation of the gas service to this address on **May 18, 2006**. As part of obtaining gas service you initially signed a Gas Service Agreement (GSA) authorizing PSE to install gas to this service address. The agreement has a section that indicates the gas equipment you intended to install and a commitment to install and use that equipment within twelve (12) months from the date that the gas service installation was completed.

According to our account review process, you have not yet started gas use at this address. Based on your initial commitment to install gas equipment and use gas, PSE required a minimum or no payment for the initial installation of the service line. This is because PSE's tariff allows for the anticipated purchase of gas to offset part or all of the initial installation cost. However, since you have not used gas completely you are obligated per PSE's tariff to cover the initial cost of the gas line as we have not received any revenue from gas sales to offset the initial costs.

Based on our tariff rates the initial cost for installation of the services was **\$1,583.29 each x 29 = \$45,915.41**. A copy of your signed Gas Service Agreement is enclosed. (Please refer to the back of the GSA for additional clarification in the "Unused Facility Extensions" paragraph).

If you do intend to begin gas use in the near future, let us know as soon as possible! We would much rather have you as a gas customer than collect money from you to cover the cost for unused service and meter. We're sorry to pass these costs on to you, but understand it would not be fair to raise gas rates to our existing customers to cover this kind of expense.

Sincerely,



Rosalind Christenson - Customer Construction
1-888-225-5773 Extension 89-7841 or 425-806-7841, Rosalind.Christenson@pse.com

Or
Heidilyn Orr - Customer Construction
1-888-225-5773 Extension 89-7838 or 425-806-7838, Heidilyn.Orr@pse.com

Enclosures

1. Copy of Residential Gas Service Agreement & the back Terms of Agreement

steve.gray@PSE.com

3130 South 38th Street M/S TAC-01
Tacoma, WA 98409

N:\My Documents\WON CONS LETTERS\Non Cons Letters Fax etc\Rainier Commons 29 Meters No Usage Non Cons ltr.doc

25
Steve Gray
Pauline Frank

RCLLC 0000333



PUGET
SOUND
ENERGY

3/4

RESIDENTIAL GAS SERVICE AGREEMENT

| | |
|----------------|---|
| DATE 8/2/05 | <input checked="" type="checkbox"/> EXISTING <input type="checkbox"/> NEW CONSTRUCTION |
|----------------|---|

Agreement is subject to review
if not validated by PSE within 90 days.

| OWNER/PROPERTY INFORMATION | | | | |
|--|---|---|---------------------------------------|---|
| CUSTOMER <i>Rainier Commons</i> | | HOME PHONE | OTHER PHONE | |
| SERVICE ADDRESS <i>3100 Airport Way S #25</i> | CITY <i>Seattle</i> | ZIP <i>98136</i> | SQUARE FEET <i>62700</i> | |
| MAILING ADDRESS <i>3100 Airport Way S</i> | CITY <i>Seattle</i> | STATE <i>WA</i> | ZIP <i>98136</i> | |
| EMPLOYER | HOW LONG | SOCIAL SEC. NO. | | |
| SPOUSE'S EMPLOYER | HOW LONG | SPOUSE'S NAME | | SPOUSE SOCIAL SEC. NO. |
| TENANT/RENTER INFORMATION | | | | |
| TENANT NAME | | HOME PHONE | OTHER PHONE | |
| MAILING ADDRESS | | CITY | ZIP | |
| EMPLOYER | SOCIAL SEC. NO. | | SPOUSE'S NAME | |
| DEALER INFORMATION | | | | |
| DEALER NAME | REP NAME | PHONE NO. | FAX NO. | E-MAIL |
| FACILITIES/EXTENSION AND GAS USAGE INFORMATION | | | | |
| GAS EQUIPMENT TO BE INSTALLED WITHIN 12 MONTHS OF METER INSTALLATION: <input type="checkbox"/> CENTRAL HEAT <input type="checkbox"/> WATER HEATER <input type="checkbox"/> COOKING <input type="checkbox"/> HOT TUB <input type="checkbox"/> CLOTHES DRYING <input type="checkbox"/> FIREPLACE OR SPACEHEATER <input checked="" type="checkbox"/> OTHER <i>19 meters (manifolds) for 19 units</i> FIREPLACE AND/OR SPACE HEATER WILL BE USED AS SOLE SOURCE OF HEAT IN AREA APPROXIMATELY _____ SQ. FT. SERVICE LENGTH _____ FT. | | AS VIEWED FROM THE STREET YOUR HOME IS ADDRESSED FROM GAS METER TO BE LOCATED (CHECK ONE): <input type="checkbox"/> LEFT SIDE OF HOME <input type="checkbox"/> FRONT OF HOME <input checked="" type="checkbox"/> RIGHT SIDE OF HOME PLACE GAS METER STICKER (IF AVAILABLE) AT SELECTED LOCATION <input type="checkbox"/> YES; PLEASE INSTALL AN EXCESS FLOW VALVE FOR A CHARGE OF \$ _____ <input checked="" type="checkbox"/> NO THANK YOU; I DO NOT WANT AN EXCESS FLOW VALVE INSTALLED. | | |
| OFFICE USE: <input type="checkbox"/> MAIN SERVICE METER <input checked="" type="checkbox"/> SERVICE METER <input type="checkbox"/> METER ON METER NO. <i>107007254</i> TOTAL CONNECTED LOAD BY RTH HOUR: _____ THERMS | | <input type="checkbox"/> YES; PLEASE INSTALL AN EXCESS FLOW VALVE FOR A CHARGE OF \$ _____ <input checked="" type="checkbox"/> NO THANK YOU; I DO NOT WANT AN EXCESS FLOW VALVE INSTALLED. | | |
| TWIN SERVICE INFORMATION | | | | |
| TWIN FROM NAME | | TWIN FROM ADDRESS | | |
| <input type="checkbox"/> PERMISSION GIVEN | DATE | VERIFIED BY | HOME PHONE | OTHER PHONE |
| FACILITY EXTENSION | | | | |
| <input type="checkbox"/> EXCESS FLOW VALVE | | ACTUAL CHARGES | | |
| <input checked="" type="checkbox"/> CUSTOMER ADVANCE (NOT TO EXCEED \$ <i>0</i>) OR | | | | |
| <input type="checkbox"/> QUALIFICATION PAYMENT (NOT TO EXCEED \$ _____) AND | | | | |
| <input type="checkbox"/> NEW CUSTOMER RATE SCH 107 \$/ Therm up to 5 years. Owner agrees to notify future owner and/or tenants of the new customer rate. This rate is supplemental to other applicable rate schedules. | | | | |
| NEW CUSTOMER RATE (NCR) OPTIONS | | | | |
| <input type="checkbox"/> QUALIFICATION PAYMENT (TERMINATE NCR) | | | | |
| <input type="checkbox"/> CUSTOMER ADVANCE (ELIMINATE NCR) | | | | |
| | | TOTAL CHARGES | | |
| | | AMOUNT RECEIVED | | |
| | | BALANCE DUE | | |
| PAYMENT TERMS | | | | |
| Amount Rec'd. \$ _____ Check No. _____ Balance due \$ _____ = \$ _____ per month for _____ months. | | | | |
| CUSTOMER ACCEPTANCE | | | | |
| IT IS AGREED AND DECLARED THAT THE TERMS AND CONDITIONS SET FORTH HEREIN AND ON THE REVERSE HEREOF ARE PART OF THIS AGREEMENT AND BINDING UPON THE PARTIES HERETO. CUSTOMER GRANTS PERMISSION FOR COMPANY TO ACCESS CREDIT INFORMATION WHEN NECESSARY. THIS AGREEMENT IS NOT VALID UNTIL ACCEPTED BY PSE. CUSTOMER ACKNOWLEDGES THE RECEIPT OF A COPY OF THIS AGREEMENT. | | | | |
| SIGN HERE <i>(Signature)</i> OWNER/TENANT | | CONAN GALE, Site Manager Representing Rainier Commons LLC DATE 9/1/05 | | |
| CLX CONSUMER NO. <i>163623337</i> | CLX STATEMENT ACCT. NO. <i>163623721</i> | CLX SUBACCOUNT NO. <i>163627764</i> | NOTIFICATION NO. <i>X224090609</i> | ORDER NO. <i>106171571</i> |
| SAP RULE 7 CONTRACT NO. | SAP BILLING DOC. NO. | SCHEDULE DATE | RATE <i>23-6 #2541</i> | TOWN TAX CODE (T/T #CODE) <i>1726</i> |
| PLAT NO. <i>PL 071 A</i> | SIC / MULTIPLIER <i>814130</i> | ROUTE <i>07005794</i> | FIA % <i>9.71</i> | PERSON RESPONSIBLE <i>Conan Gale</i> / ELVSARS |

1359 11-03

WHITE: PSE CENTRAL FILES CANARY: PSE REPRESENTATIVE PINK: CUSTOMER *see multi meter form
PUGET SOUND ENERGY a subsidiary of PUGET ENERGY

RCLLC 0000334



4/4

RESIDENTIAL
GAS SERVICE AGREEMENT

| | |
|-----------------|---|
| DATE 1/19/06 | <input checked="" type="checkbox"/> EXISTING <input type="checkbox"/> NEW CONSTRUCTION |
|-----------------|---|

Agreement is subject to review
if not validated by PSE within 90 days.

| OWNER PROPERTY INFORMATION | | | | |
|--|---|---|---------------------------------------|---|
| CUSTOMER RAINIER COMMONS | HOME PHONE | OTHER PHONE | | |
| SERVICE ADDRESS 3100 AIRPORT WAY S. RD | CITY SEATTLE | ZIP 98134 | SQUARE FEET 9000 | |
| MAILING ADDRESS U | CITY U | STATE U | ZIP U | |
| EMPLOYER | HOW LONG | SOCIAL SEC. NO. | | |
| SPOUSE'S EMPLOYER | HOW LONG | SPOUSE'S NAME | | |
| SPOUSE SOCIAL SEC. NO. | | | | |
| TENANT/RENTER INFORMATION | | | | |
| TENANT NAME | HOME PHONE | OTHER PHONE | | |
| MAILING ADDRESS | CITY | ZIP | | |
| EMPLOYER | SOCIAL SEC. NO. | SPOUSE'S NAME | | |
| DEALER INFORMATION | | | | |
| DEALER NAME | REP NAME | PHONE NO. | FAX NO. | E-MAIL |
| FACILITIES EXTENSION AND GAS USAGE INFORMATION | | | | |
| GAS EQUIPMENT TO BE INSTALLED WITHIN 12 MONTHS OF METER INSTALLATION: <input checked="" type="checkbox"/> CENTRAL HEAT <input checked="" type="checkbox"/> WATER HEATER <input checked="" type="checkbox"/> COOKING <input type="checkbox"/> HOT TUB <input type="checkbox"/> CLOTHES DRYING <input type="checkbox"/> FIREPLACE OR SPACEHEATER <input type="checkbox"/> OTHER DETAIL (6) 250 meters on RDG #25 MANIFOLD FIREPLACE AND/OR SPACE HEATER WILL BE USED AS SOLE SOURCE OF HEAT IN AREA APPROXIMATELY _____ SQ. FT. SERVICE LENGTH _____ FT. | | AS VIEWED FROM THE STREET YOUR HOME IS ADDRESSED FROM GAS METER TO BE LOCATED (CHECK ONE): <input type="checkbox"/> LEFT SIDE OF HOME <input type="checkbox"/> FRONT OF HOME <input checked="" type="checkbox"/> RIGHT SIDE OF HOME PLACE GAS METER STICKER (IF AVAILABLE) AT SELECTED LOCATION | | |
| <input type="checkbox"/> YES; PLEASE INSTALL AN EXCESS FLOW VALVE FOR A CHARGE OF \$ _____ <input checked="" type="checkbox"/> NO THANK YOU; I DO NOT WANT AN EXCESS FLOW VALVE INSTALLED. | | | | |
| TWIN SERVICE INFORMATION | | | | |
| TWIN FROM NAME | TWIN FROM ADDRESS | | | |
| <input type="checkbox"/> PERMISSION GIVEN | DATE | VERIFIED BY | HOME PHONE | OTHER PHONE |
| FACILITY EXTENSION | | | | |
| <input type="checkbox"/> EXCESS FLOW VALVE | | | ACTUAL CHARGES | |
| <input checked="" type="checkbox"/> CUSTOMER ADVANCE (NOT TO EXCEED \$ _____) OR | | | | |
| <input type="checkbox"/> QUALIFICATION PAYMENT (NOT TO EXCEED \$ _____) AND | | | | |
| <input type="checkbox"/> NEW CUSTOMER RATE SCH 107 _____ \$/Therm up to 5 years. Owner agrees to notify future owner and/or tenants of the new customer rate. This rate is supplemental to other applicable rate schedules. | | | | |
| NEW CUSTOMER RATE (NCR) OPTIONS | | | | |
| <input type="checkbox"/> QUALIFICATION PAYMENT (TERMINATE NCR) | | | | |
| <input type="checkbox"/> CUSTOMER ADVANCE (ELIMINATE NCR) | | | | |
| TOTAL CHARGES | | | | |
| AMOUNT RECEIVED | | | | |
| BALANCE DUE | | | | |
| PAYMENT TERMS | | | | |
| Amount Rec'd. \$ _____ Check No. _____ Balance due \$ _____ = \$ _____ per month for _____ months. | | | | |
| CUSTOMER ACCEPTANCE | | | | |
| IT IS AGREED AND DECLARED THAT THE TERMS AND CONDITIONS SET FORTH HEREIN AND ON THE REVERSE HEREOF ARE PART OF THIS AGREEMENT AND BINDING UPON THE PARTIES HERETO. CUSTOMER GRANTS PERMISSION FOR COMPANY TO ACCESS CREDIT INFORMATION WHEN NECESSARY. THIS AGREEMENT IS NOT VALID UNTIL ACCEPTED BY PSE. CUSTOMER ACKNOWLEDGES THE RECEIPT OF A COPY OF THIS AGREEMENT. | | | | |
| SIGN HERE x (C) OWNER/TENANT | PRINT NAME CONAN GALE | | | DATE 1/20/06 |
| OFFICE USE | | | | |
| CLX CONSUMER NO. 163623337 | CLX STATEMENT ACCT. NO. 163623721 | CLX/SUBACCOUNT NO. 163627766 | NOTIFICATION NO. X224010074 | ORDER NO. 106171571 |
| SAP RULE 7 CONTRACT NO. | SAP BILLING DOC. NO. | SCHEDULE DATE | RATE 23-6 | TOWN/TAX CODE (T/T #CODE) 1126 |
| PLAT NO. 196.071 A | SIG/MULTIPLIER 814130 | ROUTE 07005796 | FIA % 9.71 | PERSON RESPONSIBLE Kens ELVSAS/CORE |

1359 11-03

WHITE: PSE CENTRAL FILES CANARY: PSE REPRESENTATIVE PINK: CUSTOMER
PUGET SOUND ENERGY a subsidiary of PUGET ENERGY

RCLLC 0000335



**PUGET
SOUND
ENERGY**

COMMERCIAL GAS SERVICE AGREEMENT

| | |
|-----------------------|---|
| DATE 3/9/06 | <input checked="" type="checkbox"/> EXISTING <input type="checkbox"/> NEW CONSTRUCTION |
|-----------------------|---|

Agreement is subject to review
if not validated by PSE within 90 days.

| OWNER PROPERTY INFORMATION | | | |
|---|--|---|-----------------------------------|
| CUSTOMER (If customer is an LLC, attach list of partners names, address, & phone numbers) FAIRIER COMMONS, LLC. | | INC. <input type="checkbox"/> YES <input type="checkbox"/> NO | WORK PHONE 206 447 0263 |
| SERVICE ADDRESS 3100 AIRPORT WAY SOUTH #310 | | CITY SEATTLE | ZIP 98134 |
| MAILING ADDRESS 3100 AIRPORT WAY SOUTH | | CITY SEATTLE | STATE WA |
| DOING BUSINESS AS N/A | | TYPE OF BUSINESS OFFICE/STORAGE | |
| CONTACT NAME CONAN GALE | | WORK PHONE 206 447 0263 | OTHER PHONE |
| MAILING ADDRESS | | CITY | STATE |
| | | | ZIP |

| FACILITIES EXTENSION AND GAS USAGE INFORMATION | | | |
|---|----------------|-----------------|--|
| GAS EQUIPMENT TO BE INSTALLED WITHIN 12 MONTHS OF METER INSTALLATION. | | SKETCH/REMARKS: | |
| GAS USAGE | BTU/HR | ANNUAL THERMS | |
| <input checked="" type="checkbox"/> SPACE HEATING | 600,000 | | |
| <input type="checkbox"/> WATER HEATING | | | |
| <input type="checkbox"/> COOKING | | | |
| <input type="checkbox"/> PROCESS | | | |
| <input type="checkbox"/> DRYERS | | | |
| <input type="checkbox"/> OTHER | | | |
| <input type="checkbox"/> OTHER | | | |
| CONNECTED LOAD TOTAL | 600,000 | 3420 | |
| DELIVERY PRESSURE REQUESTED <input checked="" type="checkbox"/> 6" W.C. <input type="checkbox"/> PSI | | | |
| OFFICE USE | | | |
| <input type="checkbox"/> MAIN SERVICE METER <input checked="" type="checkbox"/> SERVICE METER <input type="checkbox"/> SERVICE LINE <input checked="" type="checkbox"/> METER ROOM <input type="checkbox"/> ADDED LOAD <input type="checkbox"/> EXISTING LOAD <input type="checkbox"/> TRENCH | | | |

| FACILITY EXTENSION | | ACTUAL CHARGES |
|---|--|----------------|
| <input type="checkbox"/> EXCESS FLOW VALVE | | |
| <input checked="" type="checkbox"/> CUSTOMER ADVANCE (NOT TO EXCEED \$ 0) OR | | |
| <input type="checkbox"/> QUALIFICATION PAYMENT (NOT TO EXCEED \$) AND | | |
| <input type="checkbox"/> NEW CUSTOMER RATE SCH 107 Term up to 5 years. Owner agrees to notify future owner and/or tenants of the new customer rate. This rate is supplemental to other applicable rate schedules. | | |
| NEW CUSTOMER RATE INCR/OPTIONS | | |
| <input type="checkbox"/> QUALIFICATION PAYMENT (TERMINATE NCR) | | |
| <input type="checkbox"/> CUSTOMER ADVANCE (ELIMINATE NCR) | | |
| TOTAL CHARGES | | |
| AMOUNT RECEIVED | | |
| BALANCE DUE | | |

| PAYMENT TERMS | | | |
|------------------|-----------|----------------|----------------------------|
| Amount Rec'd. \$ | Check No. | Balance due \$ | = \$ per month for months. |

| CUSTOMER ACCEPTANCE | | |
|--|---------------------------------|------------------------|
| IT IS AGREED AND DECLARED THAT THE TERMS AND CONDITIONS SET FORTH HEREIN AND ON THE REVERSE HEREOF ARE PART OF THIS AGREEMENT AND BINDING UPON THE PARTIES HERETO. CUSTOMER GRANTS PERMISSION FOR COMPANY TO ACCESS CREDIT INFORMATION WHEN NECESSARY. THIS AGREEMENT IS NOT VALID UNTIL ACCEPTED BY PSE. CUSTOMER ACKNOWLEDGES THE RECEIPT OF A COPY OF THIS AGREEMENT. | | |
| SIGN HERE <input checked="" type="checkbox"/> OWNER/TENANT | CONAN GALE PRINT NAME | 3/20/06 DATE |

| OFFICE USE | | | | |
|-------------------------------------|---|--|---------------------------------------|---|
| CLX CONSUMER NO. 16362337 | CLX STATEMENT ACCT. NO. 163423721 | CLX/SUBACCOUNT NO. 163627746 | NOTIFICATION NO. X230233617 | SAP ORDER NO. 106171571 |
| SAP RULE 7 CONTRACT NO. | SAP BILLING DOC. NO. | SCHEDULE DATE | RATE 31-G-C | TOWN TAX CODE (T/T #CODE) 1726 |
| PLAT NO. 196-071 A | SIC / M/H TIPLER 531120 / 5.7 | ROUTE 07005796 | FIA % 9.71 | PERSON RESPONSIBLE Ken Elusaaas |

WHITE: PSE CENTRAL FILES CANARY: PSE REPRESENTATIVE PINK: CUSTOMER